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Human Rights Committee

Concluding observations on the fourth periodic report of Portugal

Addendum

Information received from Portugal on follow-up to the concluding observations*

[Date received: 8 April 2014]

1. Pursuant to recommendation 16 of the Committee's concluding observations on the fourth periodic report of Portugal on the implementation of the International Covenant on Civil and Political Rights, Portugal hereby provides relevant information on its implementation of the Committee's recommendations made in paragraphs 9, 11 and 12.

A. Information on follow-up to the recommendations made in paragraph 9 of the concluding observations (CCPR/C/PRT/CO/4)

Paragraph 9 – The State party should take further steps to reduce the number of persons in pretrial detention as well as the duration of such detention, including through measures aimed at reducing the length of investigations and legal procedures, improving judicial efficiency and addressing staff shortages. It should also ensure that pretrial detainees are held separately from convicted criminals.

1. Legal framework of pretrial detention

2. In the Portuguese criminal procedural law, pre-trial detention and house arrest can only be applied under exceptional circumstances. In addition to a general requisite regarding the insufficiency of other, less serious, coercive measures, pre-trial detention may only be ordered in specific cases, including, *inter alia*, when there is a strong suspicion of intentional perpetration of a crime punishable with an imprisonment penalty of more than 5 years or of a violent crime.

* The present document is being issued without formal editing.

3. According to the Criminal Procedure Code (CPC), the maximum delays of preventive detention are as follows: during the investigation phase – 4 months, if there was no formal accusation in that delay; 8 months if an instruction phase was open without a final decision; one year and 2 months without a conviction in the first instance; one year and 6 months in the case where the imposed sentence is pending *res judicata*.

4. These maximum delays may still be extended in cases of terrorism, violent or highly organised crime, crimes punishable with more than 8 years of imprisonment and crimes mentioned in article 215/2 CPC.

5. In cases where the conviction of the first instance court was confirmed at the higher court, post-trial preventive imprisonment delays are further extended up to half of the concrete penalty imposed.

6. Pre-trial detainees are always set free immediately after the expiry of the time limits applicable in the different phases mentioned above.

7. At present, both pre-trial detention and house arrest shall be re-examined ex officio at any time regardless of a prior request from the accused or the Public Prosecution and the examination is mandatory whenever the accusation has been issued.

2. Pretrial detainee's facilities

8. Within the Portuguese prison system there are prison facilities and special detention units for pretrial detainees, in compliance with Article 123 of the Code on the Execution of Penalties and Preventive Measures of Freedom (Law nr. 115/2009, of 12 October) and Articles 221 to 225 of the General Regulation of Prison Facilities (Decree-Law nr. 51/2011, of 11 April).

9. As of 31 December 2012, there were a total of 2,664 (1,647 Portuguese males; 810 foreign males; 127 Portuguese females; 77 foreign females) individuals in pretrial detention, for a total detained population of 13,614 individuals (19,56%). The percentage of individuals in pretrial detention has shrunk in 2013: at the end of the year, there were a total of 2,590 detainees in this condition (1,596 Portuguese males; 738 foreign males; 166 Portuguese females; 90 foreign females), for a total detained population of 14,284 individuals (18,1%).

10. Detainees awaiting judgement or whose imposed sentence is pending *res judicata* are separated from convicted detainees. Furthermore, in most of these cases, the individuals are detained in prisons close to their social and familiar spheres, as well as to the courts analysing the case.

11. There are no statistics available on the average time of duration of pretrial detention.

3. Compensation for illegal pretrial detention

12. The principle of compensation for illegal pretrial detention stems from the Portuguese Constitution and, to a certain extent, has been reflected in the Portuguese Criminal Code since 1987, by means of a reference to the possibility to ask for compensation in the case of gross error in the judicial application of pretrial detention. The criminal law reform of 2007 reinforced this principle by recognizing that someone who has been subject to pretrial detention and is finally acquitted is entitled to State compensation.

13. Although it is not possible to offer precise data on the number of compensations for unjustified pretrial detention, there are numerous cases where compensation has been granted. For instance, in a case in 2011, a 15,000 euro compensation was granted to a man who had spent 4 months in pretrial detention to be acquitted at the end of the criminal proceedings.

4. Recent developments

14. There has been a significant decrease in the imprisonment rate in Portugal due to the legislative amendment introduced in the Criminal and Criminal Procedural Code which increased the scope of application of measures alternative to imprisonment by: setting up in-house electronic surveillance; reducing the cases in which pre-trial detention is applicable; reducing the maximum length of this measure. In fact, Portugal has expanded the use of house arrest monitored by electronic surveillance devices, pursuant to legislation approved in September 2010, within the implementation of pre- and post-trial measures. A plan to promote the use of such methods has been developed, providing for awareness-raising and training of relevant actors. Recently adopted national plans on the rehabilitation of offenders also play a role in this regard.

B. Information on follow-up to the recommendations made in paragraph 11 of the concluding observations

Paragraph 11 – The State party should expedite its efforts to address the problem of overcrowding in prisons, including the Angra do Heroismo Regional Prison (Azores), as well as inadequate facilities, the availability of drugs and drug dependence, and the high rate of HIV/AIDS and hepatitis C in correctional institutions. It should also take steps, legislative or otherwise, to prevent physical ill-treatment and other forms of abuse, including excessive strip searches, by prison guards.

1. Overcrowding in prisons

15. The Ministry of Justice is responsible for the management of 49 Prisons, which at present day, have a total capacity of 12,103 inmates.

Recent developments

16. With a view to the urgent improvement of the conditions of the prison system, particularly the increase of the lodging capacity and the enlargement of the professional training available for inmates, the Ministry of Justice adopted an investment plan aimed at the requalification and extension of prison facilities (PIRAEP). The plan, to be implemented until 2015, foresees the requalification of eight Prison Facilities and the creation of 1,129 new places, in a total investment of 31.1 million euros. The plan is to be carried out with recourse to detainees' manpower, an option that will allow for budgetary reductions and minimized burden for the Fund for the Modernization of Justice.

17. In 2012, the first phase took off on a contract basis in the Prison facility of Caxias, where 53 new places have been created, with a total cost of 200 000 euros.

18. At the end of 2012, an estimated total of 29.8 million euros were already invested and 1049 new places were created.

19. The construction of the new Angra do Heroísmo prison, with a lodging capacity for 356 inmates, 16 of which for women, is concluded. Around 100 inmates from the old Angra do Heroísmo regional prison have already been transferred to the new prison.

20. Also, the renovations of Wing A of the Complementary Pavilion of the Alcoentre Prison (146 new places) and of Wing A of the Linhó Prison (114 places), are concluded. At the Porto Prison, the adaptation of undifferentiated spaces to dormitories allowed for the creation of 34 new places at the end of 2013.

21. 16 applications to the Modernization Fund for Justice 2013-2016 designed to modernize the prison compound were submitted, 6 of which intend to increase the official capacity of the prisons. It is detailed as follows:

- Caxias Prison: rehabilitation of the Prison North Rampart. This rehabilitation has three phases, the first one having been concluded at the end of 2012. The conclusion of the second phase, providing the creation of 148 places, is foreseen in 2014; it has an investment of 240,000 Euros (VAT included). The third phase, to begin and end in 2014 shall provide 34 new places and shall have an investment of 122,500 Euros (VAT included).
- Coimbra Prison: rehabilitation of the Regional Prison's old pavilions so as to incorporate it into Coimbra prison. Once the works are concluded (June 2014) 152 places shall be created. The investment is of 260,000 Euros (VAT included).
- Vale de Judeus Prison: adaptation of undifferentiated spaces to dormitories. With its conclusion foreseen at the end of April 2014, 54 places shall be created, following an investment of 266,000 Euros (VAT included).
- Évora Prison: to adapt the old women's sector, meanwhile occupied by other services due to the absence of inmates, to its initial purpose. With these works and following an investment of 82,650 Euros (VAT included) 5 new places shall be created. The works shall begin in September 2015 and shall be concluded in January 2016.
- S. José do Campo Prison: renovation of the existing facilities which shall provide 200 new places. The work shall be carried out in three phases: (i) phase 1 – 38 new places; timetable: beginning in June 2014 and ending in April 2015; investment: 871,000 euros; (ii) phase 2 – 54 new places; timetable: beginning in May 2015 and ending in April 2016; investment: 2,645,250 euros; and (iii) phase 3 – 108 new places; timetable: beginning in October 2015 and ending in December 2016; investment: 34,369,125 euros.

22. The rehabilitation of buildings of the old Educational Center of Vila Fernando, Elvas (vacant since 2008), which would allow for the creation of 300 additional places, is still under consideration.

23. Overall, the PIRAEP, until the end of 2015, foresees the creation of 1,129 new places and a total investment of 31.1 million euros. The option for the requalification and extension of the existing prison facilities, as opposed to the construction of new ones, will imply a significant reduction of costs.

24. Lisbon Prison is the largest one and receives the population from Lisbon and surroundings. The location is ideal because it is near to courts and facilitates the visit of inmates' families.

2. Inadequate facilities, availability of drugs and drug dependence and high rates of HIV/AIDS and hepatitis C

25. The Code on the Execution of Penalties and Preventive Measures of Freedom guarantees medical assistance and the provision of medicines to all inmates, in similar conditions to any other citizen (inmates remain National Health System (NHS) users). Each prison unit must elaborate a plan on health promotion and prevention of disease, and all inmates must be subject to comprehensive clinical evaluation within 72 hours after admission. All prisons have primary healthcare services with general practice doctors and nurses. Access to experts in various medical areas is guaranteed, either within the prison unit or in external public or private health facilities. Inmate victims of abuse or suffering from chronic diseases are entitled to specific care. Medicines are distributed free-of-charge provided their ingestion can be directly observed.

26. Drug use in prisons has always been a major concern for Portuguese policymakers. In May 1999, the first Portuguese Drug Strategy reinforced the importance of treatment and reintegration in prison system and inscribed the principle of equivalence of care.

27. Following the Drug Strategy, the Ministry of Justice and the Presidency of the Council of Ministers launched, in 26 June 1999 by the Joint Order 596/99, the Special Program for drug prevention in prisons (PEPTEP), which reinforced the prevention and treatment programs already existing and adopted new ones, including concrete measures for treatment, harm reduction and social reintegration, to be undertaken on a 4-year period and with a budget allocated. The main objectives of this program were: (i) to involve all sectors of the prison health system in drug abuse treatment; (ii) to ensure outpatient and inpatient detoxification services; (iii) to ensure access to substitution programmes (methadone and LAAM) and antagonist programmes for all drug users who have clinical recommendations to follow one; (iv) to conclude the network of drug free treatments units; (v) to ensure treatment programmes are not interrupted when individuals arrive to prison or leave it; (vi) to promote the possibility to receive treatment outside prisons, namely in Therapeutic Communities, in certain cases.

28. The Law 109/99 of 3rd August defines in its article 1, that the prison must guarantee medical assistance to inmates, namely by the creation of structures in each prison to deal with medical care, treatment and recovery of drug users. Still in 1999, the Law 170/99 of 18th September adopted measures against the spread of infectious diseases in prisons, reaffirmed in articles 1 and 2 the principle that inmates maintain the condition of beneficiaries of the National Health Service and that screen tests are available and free in all prison facilities.

29. In 2006, the National Action Plan for the Fight Against Infectious Diseases in the Prison Setting (PANCPDI) was adopted, structured in 5 main areas: health promotion and disease prevention; drug treatment; tuberculosis; infectious diseases; harm reduction. The Plan proposed recommendations to be implemented in the prison settings in 3 areas of intervention: Prevention, Treatment and Harm Reduction Syringe Exchange Programme.

30. In this context, the legal framework for the Syringe Exchange Programme (PETS) was established through the Law 3/2007 of 16th January and Order 22 144/2007 of the Ministry of Justice and Health.

31. The National Plan Against Drugs and Drug Addictions 2005-2012 referred to the need to promote the articulation/intervention in prison settings with the relevant stakeholders, accurately defining the limits of intervention, defining programs based on pragmatism and scientific evidence, to provide the inmate population all means necessary for containment of infectious diseases and co-morbidity in order to improve its health indicators. Also it was considered indispensable that all treatment programs were available in prison establishments, as stated in the National Drug Strategy of 1999.

32. Later on, the Action Plan Against Drugs and Drug Addictions – Horizon 2008 included several actions in the areas of prevention, treatment and harm reduction to be developed in the period 2006-2008, such as the promotion of specific training targeting prison population and staff, the increase of programs of selective and indicated prevention in prison settings, the promotion of campaigns on health risks related to drug use, the implementation of therapeutic programs of opioids substitution, the free distribution of condoms, among others. The evaluation of this Action Plan carried out in 2009 concluded that most of these activities were developed as foreseen.

33. The Action Plan Against Drugs and Drug Addictions 2009-2012 set as a priority to give continuity to actions of risk and harm reduction in the context of the intervention in prison establishment, namely relating to the program for syringe exchange, and the following activities were foreseen: (i) promotion and reinforcement of the articulation with prison establishments to implement the needle exchange program; (ii) continuation and extension to other prisons of information/awareness campaigns on risk and harm reduction; (iii) reinforce the articulation between this intervention and those held by the promoters of projects of harm reduction, authorized by the National Institute responsible for Drugs and

Drug Addiction; (iv) elaboration of information materials on risk reduction appropriate to this intervention; (v) increased screening of infectious diseases in prison establishments.

34. With the purpose of implementing the National Action Plan for the Fight Against the Spread of Infectious Diseases in Prison Settings (PANCPDI), an Interministerial group involving representatives of different institutions met to define specific objectives, operational methodology and evaluation of the implementation of the Specific Exchange Syringe Programme (PETS) established by Law 3/2007 of 16 January and Order 22 144/2007 of the Ministries of Health and Justice. The objective of PETS was to decrease infectious diseases incidence, namely HIV/AIDS and hepatitis B and C, through diminishing risk behaviors associated with intravenous drug use, sexual intercourse, piercings and tattoos and steroid use in prison settings.

35. In the period 1 July 2008 to 31 March 2009, the pilot project was carried out in 2 prisons, as defined in the Methodological Guidelines and norms of functioning, but not at the same time. The access to the program for needle exchange was guaranteed and the distribution of injecting material organized. The PETS was launched by the health care units of the prisons (no prison guards involved), involving as volunteers injecting drug inmates from the target group.

36. The volunteer after giving specific information on his pattern of use received a kit composed of 2 syringes, filters, disinfecting towel, clean cup, citric acid, bi-distilled water, and condom. The rules to use the kit were quite simple: the kit should be kept inside its box; when the cell is inspected, the inmate should refer that he is in possession of the kit; the kit should be kept in accordance with the Prison regulation for the PETS; the kit should not be taken outside the prisons premises and only be taken outside the cell when to be exchanged by the Health care unit.

37. Within the structures and programs of drug treatment, Directorate General of Prison Services develops programs aimed at abstinence: 6 drug-free units, 1 output and pharmacological programs: antagonists and agonists in collaboration with the former Institute on Drugs and Drug Addiction (IDT, I.P.).

38. The performance of screening tests is carried out according to clinical criteria, at the moment of the medical admission or periodically throughout the execution of the sentence or measure involving deprivation of liberty.

39. As for the area of harm reduction and risk reduction, condoms are distributed in all prisons and information measures are developed to raise awareness throughout the prison population.

40. Preceding the release of inmates, the prison clinical services provide information and refer patients to health facilities of the National Health System in which they may continue their follow-up clinical.

41. Inmates who attend drug treatment programs available in prisons are obliged to do drug use tests at intervals defined by the technical team.

42. In Portugal, the therapeutic strategies used towards inmates' drug use is also abstinence oriented, aimed at helping inmates stop their drug use. This type of intervention is called the Drug Free Program, obliging the inmate to accept on a voluntary bases only one treatment program, run in independent spaces inside the prison (Drug Free Wings and Exit Units), implemented with the support of multidisciplinary teams and under medical supervision. These units were created to separate inmate users from the rest of the prison population, providing specific conditions of interaction with the medical staff and prison guards, allowing for a better motivation to treatment and to a new way of participating in the prison activities. The duration of these programs varies between 6 to 12 months, depending on the intensity of the intervention/treatment and require full commitment and specific conditions to participate. Educational and training activities are developed side by side with occupational techniques and therapeutic counseling.

43. In 2012, the situation in prisons concerning drug addiction was the following:

Prison	*Capacity*	*Users by 31-12-2012*
E. P. de Lisboa: - Ala A	61 beds	24
- Ala G	45 beds	28
E.P. de Tires	21 beds	17
E.P. de Leiria	29 beds	12
E.P. do Porto	16 beds	16
E.P. de Stª Cruz do Bispo	21 beds	14
Total	**193**	**111**

Source: Ministry of Justice.

44. There is as well pharmacological treatment, in cases where it is not possible to cure addiction, or where there is a serious condition which prevents the treatment. This pharmacological treatment is complemented by psychologist therapy.

45. In 2012 (31 December), there were 1268 detainees (from a total of 13,504) receiving pharmacological treatment (9.4%).

Recent developments

46. The Mental Health Programme awaits government initiative to, in conjunction with the Ministry of Social Security, develop new structures of psychosocial rehabilitation (residential, occupational and home support), differentiated for adults and children / adolescents (Continued Mental Health Care).

47. In July 2013 the Council of Ministers Resolution 46/2013 was published, approving the National Rehabilitation and Reintegration Plan 2013-2015 and the National Rehabilitation and Reintegration Plan – Juvenile Justice 2013-2015, which are strategic documents for the performance of the penalties execution system. The plans foresee the adoption of structured measures around 2 strategic areas, including health, with the purpose of improving the social reintegration of inmates, investing in their rehabilitation as the principal means for changing behaviors and criminal conducts.

48. Given their relevance in terms of risk factors, the areas of drug addiction and mental health gain a particular focus in these Plans, to strengthen the response of the system regarding health. In this particular the strategic objectives are: (i) bring together community resources to prison; (ii) increase the capacity of treatment of addictive behaviors; (iii) improve the quality of care in mental health.

49. Within the newly developed National Plan for Suicide Prevention (an initiative of the National Mental Health Programme), the prison population is considered a particularly vulnerable population to be given special attention, among others. It should be noted that the institution responsible for the management of prisons has established with the Portuguese Society on the Study of Suicide a protocol for external evaluation of the prevention plan and proposed measures for monitoring prisoners considered at risk.

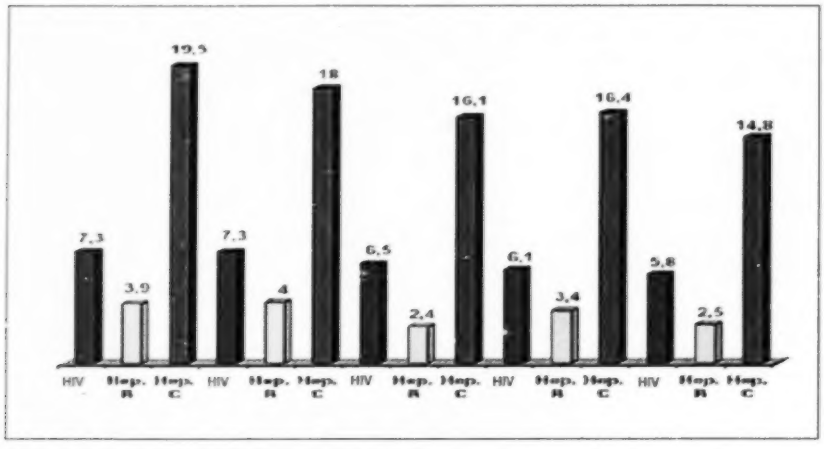
50. In 31 December 2012, there were 2643 detainees with infectious pathology (19.6%). At the time, there were 778 HIV-positive detainees and 2253 detainees with hepatitis.

Number of detainees with HIV, Hepatitis B and Hepatitis C at 31-12-2012

	HIV	*Hepatitis B*	*Hepatitis C*	*HIV+ Hepatitis B*	*HIV+ Hepatitis C*	*HIV + Hepatitis B and Hepatitis C*	*Hepatitis B + Hepatitis C*	*Total of detainees with infectious pathology*
Men	353	175	1515	24	313	20	57	2457
Women	37	45	68	10	16	5	5	186
Total of detainees	390	220	1583	34	329	25	62	2643

Source: Ministry of Internal Affairs.

Percentage of detainees with infectious diseases at 31 December 2012



Source: Ministry of Internal Affairs.

3. Strip searches

51. The strip searching regime is regulated by Article 89 of the Code on the Execution of Penalties and Preventive Measures of Freedom and by Articles 24 (n.° 8), 152 and 206 (n.° 5) of the General Regulation of Prison Facilities. It distinguishes facultative and mandatory cases. Strip searches are a security and preventive measure aiming at maintaining order and discipline in prison facilities.

52. Proceedings in strip searches are regulated in a "Manual on Searches and Examinations" of the Directorate-General of Reintegration and Prison Services. Strip searches are made in separate rooms and always with two surveillance personnel.

4. Physical ill-treatment and other forms of abuse

53. In Portugal, the awareness of facts that may constitute a crime, namely torture, always gives rise to a criminal investigation, conducted or supervised by the Public Prosecution. Furthermore, criminal enquiries where there has been investigation of facts related to the behaviour of police forces must be notified, by public prosecutors, to the relevant inspection services: General Inspectorate of Internal Administration (IGAI), General Inspectorate for Justice Services and Audit and Inspection Services of the Directorate General for Prisons, for the launching of the relevant disciplinary proceedings. Likewise, whenever there is sufficient evidence, in disciplinary proceedings, of the

perpetration of a crime, the Public Prosecution must be duly informed by the relevant internal inspection services.

54. Therefore, there is multilayered system of checks and balances: the control by law enforcement agencies themselves (Public Security Police, National Republican Guard, Immigration and Border Services, Criminal Investigation Police, Directorate General for Prisons), the control by General Inspectorates (General Inspectorate for Internal Administration, General Inspectorate for Justice Services), normally headed by members either of the Judiciary or the Public Prosecution, and finally, at the top, the control by judicial authorities (Public Prosecution and Judiciary) or the Ombudsman.

55. The Code on the Execution of Penalties and Preventive Measures of Freedom (CEPPMF) and the General Regulation on Prison Facilities, adopted in April 2010 and April 2011, reinforce protection mechanisms for persons deprived of liberty, mainly by clearly indicating security measures admitted in prison facilities, subjecting further administrative decisions to judicial review and reinforcing the right of appeal, including upon denial of parole.

56. Special safeguards apply to prisoners in particularly vulnerable situations. The use of electric weapons and devices to solve disciplinary problems in prisons was prohibited by the Minister of Justice, and the use of any such devices must be fully registered.

57. The Regulation on the Use of Coercive Means in Prison Facilities (RUFPF) was also revised, expressly providing for the principles of necessity, adequacy and prohibition of excess.

58. Prisons are inspected by competent audit and inspection departments within the Ministry of Justice, often coordinated by Public Prosecutors, and any suspicion of excessive use of force or ill-treatment is thus thoroughly investigated.

59. The Criminal Police (PJ) also has a disciplinary and inspection unit specifically trained on problems related to the fight against serious and highly organized crime and its detention facilities were inspected in November 2010.

Recent developments

60. The Ombudsman undertook a general inspection of all prisons in February-March 2013 and is carrying out inspection visits to places of detention of different police forces (3 such places were inspected in 2012). Furthermore, representatives of sovereign bodies and of international organizations dealing with the rights of inmates can have access to prison facilities. Prisoners have the right to communicate freely with all such national and international control and inspection entities, as well as with diplomatic and consular entities and the Portuguese Bar Association.

61. Furthermore, the Ombudsman was appointed as National Preventive Mechanism (NPM) under OPCAT in May 2013.

C. Information on follow-up to the recommendations made in paragraph 12 of the concluding observations

Paragraph 12 – The State party should continue to take steps, in particular within its Fourth National Action Plan against Domestic Violence (2011-2013), to combat and prevent domestic violence and ensure that victims have effective access to complaints mechanisms. It should ensure that victims have access to means of protection, including an adequate number of shelters set up for women victims. The State party should also ensure that acts of domestic violence are effectively investigated and that perpetrators are brought to justice and sanctioned.

1. Legal framework

62. Combating violence against women and domestic violence remains a priority for Portugal. Domestic violence, expressly provided for and punished under the CC, is prosecutable ex officio and constitutes a prevention and investigation priority in Portuguese crime policy. The existing legal framework dates from September 2009, when two laws were adopted: Law No. 104/2009 on compensation to victims of violent crimes and domestic violence and Law 112/2009 (also known as the Domestic Violence Law), which intends to prevent and repress domestic violence and to support and promote the autonomy and empowerment of the victims. The Domestic Violence Law seeks to provide a more adequate capacity of response by unifying the laws on this matter and also to address the need to ensure adequate and timely prosecution and conviction of perpetrators. The Law also includes provisions strengthening the protection of the victim and ensuring prosecution and conviction of perpetrators, as well as in the definition of domestic violence, including same-sex relationships.

63. The Labour Code also gives to the victims of domestic violence the possibility to be transferred temporarily or permanently, at her/his request, to another place of work in the same company (this right is also enshrined in Article 42 of the Law 112/2009).

Recent developments

64. In February 2013, further legal amendments were introduced in order to extend the concept of domestic violence to dating and other intimate relationships without cohabitation. Furthermore, a number of provisions have been introduced to regulate aspects covered by the Act on the prevention of domestic violence and on the protection of and assistance to its victims, adopted in September 2009. These include the recognition of the status of victim (to all alleged victims as soon as a domestic violence incident is reported); the urgent nature of domestic violence proceedings (a Constitutional Court decision of 2012 has underlined the urgent nature of these cases); the use of remote surveillance means to control perpetrators (mandatory since February 2013); assist victims with free-of-charge and easy to use devices, in direct connection with the police 24-hours a day; possibility to arrest perpetrators even if not caught in the act; victim's right to redress; and the provision of legal, medical, social and labour support. Legal counselling to victims of domestic violence is provided by lawyers appointed by the Bar Association. The victim has the right to be informed of, *inter alia*, how to file a complaint, procedures to follow, available public and private support services and compensation options.

65. In February 2013, Portugal was the first EU country to ratify the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention).

2. National plans

66. The IV National Plan against Domestic Violence (PNCVD) 2011-2013 consolidated the strategies of previous National Plans of giving visibility to the phenomenon of domestic violence and integrating new measures for effective response and support to the victims. It focused on reinforced proximity and an ever increasing involvement of municipalities, social partners and civil society organizations. According to the 2012 mid-term execution report, 66% of the measures of the IV PNCVD were being implemented and 22% had already been entirely implemented, for a total execution rate of 88%.

Recent developments

67. The V National Plan against Domestic and Gender-Based Violence 2014-2017, adopted in December 2013, enlarges its scope of action since it also includes gender-based violence. It focuses on 5 main areas; divided in 52 measures: (i) prevent, raise awareness

and educate; (ii) victim protection and their integration; (iii) intervention with perpetrators; (iv) training; (v) investigation and monitoring.

3. Prevention, investigation and complaint mechanisms

68. There are special teams to investigate crimes of domestic violence, to undertake preventive action and to deal with victims in police stations. Public prosecution is developing integrated responses to accelerate the investigation of crimes of domestic violence and adequately protect victims, including women, children and the elderly. Guidelines and technical assistance are being provided to help courts assess the risk of re-occurrence of domestic violence. Violence against elderly women has recently been an issue of particular focus, with the active participation of law enforcement agencies and public prosecutors in the EU Project "Mind the Gap" (comprising research, awareness-raising and training activities, and exchange of best practices).

69. Prevention efforts include measures to reduce social acceptance of domestic and gender-based violence, promote equality, eliminate gender stereotypes and empower women and girls, such as annual awareness-raising campaigns to inform women of their rights and promote their ability to report. Specific training sessions have been provided to, inter alia, social workers, public prosecutors, security forces, teachers and medical staff.

70. The protection of victims is also pursued through such means as: establishment of individual security plans in high-risk situations; enhanced coordination between civil and criminal courts in divorce, child custody cases or domestic violence cases; improvement of screening mechanisms, in particular for pregnant women; dissemination of pilot projects in the areas of mutual support groups and health (e.g. specialized multidisciplinary teams for adults and children in health units, and preparation of a best practice guide on violence throughout the life cycle); creation of a 24-hour transportation service for victims and their children; provision of shelter to victims within existing social responses; and facilitation of victims' access to housing.

71. A security plan is developed in every high risk situation of domestic violence and consists of practical guidelines to enhance victim security, depending on the specific victim type, thus becoming a major crime prevention instrument.

72. The re-evaluation is the other novelty for high risk situations and in this case there are shorter periods of assessment: 3 to 7 days for the 1st re-evaluation, 14 days for the second re-evaluation and 30 days for the third, ensuring to the Prosecutor General's Office more precise information about the case.

Recent developments

73. The Directorate-General of Internal Affairs (DGAI), Public Security Police (PSP), National Republican Guard (GNR), Commission for Gender Equality (CIG) and Minho University have been working together to find new procedures, introducing a set of improvements to effectively detect potential homicide situations. To this effect, a new document was produced and tested between the 15th of November and the 15th of December of 2012 in almost every Metropolitan Command Posts of Lisbon and Oporto. This document contains new procedures ensuring faster and simpler assessment and an easy to fill-in document by PSP officers and therefore a quicker analysis by the Prosecutor General's Office.

4. Rehabilitation for victims and offenders

74. The access to physical, psychological and financial rehabilitation for victims has also been a reality. A considerable investment has been made in the quantity and quality of the psychosocial support provided by public bodies and civil society through crisis centres, emergency help lines and shelters.

75. A National Network of Domestic Violence Centres was set up in 2005 to provide an integrated response to cases of domestic violence and to enhance existing resources.

National coverage was achieved in January 2009 (18 districts) and there are currently 37 shelters with a total capacity for accommodation for approximately 619 women victims of domestic violence and their children.

76. Since 2010, 3,124 women victims of domestic violence have been supported by the Domestic Violence Centres, around 5200 women and children were hosted in the Shelters' Network and more than 10,000 calls were received in the emergency help lines. During 2013, 387 women had been assisted this way.

77. A specific system to support victims' access to professional training and the labour market was set up, with the appointment of focal points in employment centres and measures to prioritize such cases and avoid exposure in employment centres, as well as to promote positive action towards women with low qualifications and in single-parent families (e.g. payment of 60% of their salary). Victims' children are given priority access to child support services and specific intervention strategies have been developed for particularly vulnerable victims such as elderly persons, migrants, persons with disabilities and LGBT persons.

Recent developments

78. In the framework of the National Plan against Domestic Violence, the Institute for Employment and Vocational Training (IEFP) implemented a measure aiming to support victims of domestic violence in becoming financially independent. An expert was nominated in each of the 86 local IEFP offices, which act as a liaison between the institutions who support the victims and the public employment service. Until March 2013, 357 women had been assisted this way.

79. Concerning provision of shelter to victims within existing social responses and facilitation of victims' access to housing, in August 2012 a protocol was signed by the Government and the National Association of Portuguese Municipalities with a view to providing low-cost housing to victims of domestic violence upon leaving the shelter.

80. It must also be highlighted, in this context, that all the shelters are managed by Civil Society Organizations with financial support from the Ministry for Solidarity and Social Security and some logistical support from the municipalities. A network of Counseling Centers – currently 134 – has also been set up. The involvement of Civil Society Organizations in the field of Domestic Violence/Violence against Women is, indeed, one of the most important achievements for this combat.

81. Prevention of re-offending through work with perpetrators is also an innovative area of intervention: a pilot project in this area has been extended in order to cover the entire Portuguese territory and programs are ongoing, within and outside prisons, to rehabilitate and reintegrate such offenders, including through the implementation of individualized plans.

5. Training

82. The Centre for Judicial Studies (CEJ), which provides the initial and ongoing training for all magistrates (judges and public prosecutors), has been promoting a proactive approach to address domestic violence and raising this issue among legal operators. Other training sessions took place following recent changes in the Criminal Code. In the CEJ magazine (addressed to magistrates, but also to law enforcement officials) several articles have been published on the phenomenon of domestic violence.

83. Since 2010, the Ministry of Internal Administration, in partnership with CIG, organized several training sessions on domestic violence. The PSP and GNR, in partnership with other public and private organizations, held training sessions for its officers on sexual and domestic violence against women and endowed its police stations with special rooms for the care and support of victims of violence.

84. Within the National Republican Guard (GNR), Investigation and Victim Support Centres and specific Investigation and Inquiry Teams were created (Project of Investigation

and Specific Victim Support), and also, within PSP, the EPAV (special unit of support for victims). Training for members of these Centres and Teams was updated taking into account recent legislative changes.

85. Following an evaluation carried out in 2011 by DGAI in partnership with the Security Forces (GNR and PSP), it was concluded that victims were overall satisfied with the initial assistance provided by the Security Forces (8.7 in a scale from of 1 to 10), albeit less satisfied with the existing infrastructure (7.5).

86. Changes to IT systems to support clinical practice in the National Health System (NHS) - Medical Support System (SAM) and System Support for Nursing Practice (SAPE) – were initiated, so that, in the context of the National Programme on Child and Youth Health, those systems became part of an evaluation parameter of the familial risk of domestic violence in all surveillance appointments of children under 18 years.

Recent developments

87. In 2012, the Ministry of Health, in collaboration with the Regional Health Administration of Algarve, set up specific guidelines for the screening, detection, intervention and referral of adult domestic violence victims. It also drafted a Technical Guide on screening for domestic violence in pregnancy which was available to health facilities around the country in 2013. This technical guide is targeted at doctors / nurses of the NHS who perform health monitoring in pregnancy.

6. Financing

88. Since 2012, 3.75% of social games' revenue (e.g. lotteries) allocated to the Presidency of the Council of Ministers is used in the fight against domestic violence and promotion of gender equality. This improved funding of activities for transportation of victims, emergency accommodation and shelters, health, victim-support centers, use of electronic devices in surveillance and assistance activities, empowerment of victims, training, information and NGO support.

7. Data

89. Data on the relationship between defendant and victim in murder crimes are collected, and efforts have been made to standardize reporting and data collection procedures (in courts, prosecution services and police stations) concerning victims of domestic violence, results of investigations and final court decisions, including the creation of a website and a database.

	2010	*2011*	*2012*	*2013*
Murders in the frame of Domestic Violence	43	44	40	40
Complaints presented to Police Forces	31,235	28,980	26,678	27,318

Source: Ministry of Internal Affairs.

90. The most powerful means to inform about the consequences of domestic violence are the repeated public campaigns that explain the contours and effects of this scourge, and giving information on how to protect oneself from it. Therefore, the campaigns always carry an element of awareness and prevention and accordingly cover the issue that we want to sensitize the public opinion about this type of violence.

91. All data concur to the conclusion that such public campaigns have had a significant impact in raising awareness about this unacceptable behavior and in informing the victims about the best practices on how to react to it.